NAMI Connecticut
National Alliance on Mental Illness

Testimony before the Appropriations Committee
February 17, 2012
DSS and DCF Budget

Good afternoon, Senator Harp, Representative Walker, and members of the Appropriations Committee. My name is Daniela Giordano, and I am the Public Policy Director for the National Alliance on Mental Illness, CT (NAMI-CT). I am here today on behalf of NAMI-CT to testify in opposition to proposed changes in the Governor's budget for the Department of Social Services and voice concern regarding the cuts in the Department of Children and Families. Additionally, we support the creation of a State Basic Health Program and the adoption of basic notification requirements in Medicaid.

We oppose the proposed changes to Medicaid's low income adult services.
Providing Low-Income Adults, meaning a person with a monthly income of no more than $521, with adequate health coverage is vital to their health and the health of their community. The expansion of this Medicaid program has been a major success in addressing the needs of uninsured and underinsured CT residents. There is no reason to turn back the clock, particularly now that enrollment has stabilized. The proposed changes to HUSKY D would turn it into a second-class Medicaid program as it would 1) limit existing benefits and 2) count family income in establishing eligibility for adults between ages 19-26.

Under the proposed changes to existing benefits, HUSKY D participants would receive less adequate health care coverage than other Medicaid participants, creating a two-tier system, which is inconsistent with current state health care policy. Arbitrary caps on services, including limiting the number of physician visits, limiting home health services and having dollar caps on medical equipment other than wheelchairs, would shift the costs from early care to higher-cost care and crisis interventions later including ER visit and hospital stays. The proposal's provision to count family income when determining the eligibility of young adults (ages 19-26) is inconsistent with established Medicaid eligibility rules. The provision assumes that there is a considerable group of young adults that have other health care options, but it is unclear how the policy would be structured to target this specific group. Additionally, it is unclear whether the proposal would achieve substantial savings, particularly since young adults are generally the least expensive to cover.

We strongly support the creation of a State Basic Health Program (SBHP) modeled on Medicaid.
Under federal health reform, CT has the opportunity to provide comprehensive and affordable health care coverage to low-income people under the age of 65 who earn between 133% and 200% of federal poverty level (FPL). This can be done at no extra cost to the state by staying within the federal subsidies. People in this income range are not eligible for Medicaid coverage under its stringent requirements and with an individual monthly income of between less than $1,300 and less than $1,900, this population of people would have a very hard, if not impossible, time to afford premiums and cost-sharing within the insurance exchange.

Modeling this Basic Health Program on Medicaid would provide several advantages for people with mental illness and the entire system, including coordinated and comprehensive mental health services via the Behavioral Health Partnership and improved communication and coordination of quality care resulting in savings for the state. Continuity of care will be enhanced if the program is administered by the same entity and uses the same provider network. Placing all Medicaid and SBHP enrollees under one efficient administrative system, the non-risk behavioral health Administrative Service Organization (ASO) will avoid the administrative costs of churning between two different systems for someone whose income fluctuates slightly around 133% of FPL.

NAMI-CT, alongside numerous other organizations, are concerned about the deep cuts proposed to the Department of Children and Families (DCF); cuts that do not seem to recognize the **need to re-invest the funds saved by using community-based rather than out-of-state or congregate care facilities into the programs and services needed to ensure the success of youth and families in those community settings.** We also want to ensure that the programs and services implemented to avoid long detention stays, and which allow for early intervention and diversion from the juvenile justice system, are preserved.

Further, **we support the adoption of basic notification requirements in Medicaid to ensure access to prescription medications which require prior authorization.** This long-overdue step will provide basic consumer protection so people don't continue to fall through the cracks by not being able to fill their prescriptions in an educated and timely manner. Providing notification to both consumers and providers, telling them to take action, will prevent unnecessary and unacceptable human costs and higher-care costs when consumers' needs are not met early on.

Thank you for your time. I am happy to answer questions that you have.

Respectfully yours, Daniela Giordano